

Foster Family Home - Corrective Action Report

Provider ID: 1-200012

Home Name: Reina Lyn Sahagun, CNA

Review ID: 1-200012-3

94-527 Hiahia Loop

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 1/28/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of corrections due on 2/28/2021.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#3's APS/CAN lapsed on 5/31/19 and renewed on 6/5/19; Ecrim lapsed on 4/13/2020 and renewed on 8/11/2020.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7)- TB Clearance of CG#1 lapsed on 12/17/2020 and renewed on 1/21/2021. CG#3's lapsed on 12/19/2020 and renewed on 1/8/2021; CG#4's expired on 1/24/2021 and no current renewal present in the CCFFH binder.

41.(g)- No Basic Skills Checklist present in Client #1's chart for CG#4.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegations present for CG#4 on [REDACTED] administration, [REDACTED] Client #1. For Client #2, there was no RN delegations present for CG#4 on [REDACTED] administration and [REDACTED].

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Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a)- Unannounced monthly fire drills times without variations. Noted times were from 3:00pm- 5:00pm each month for January 2020 thru January 2021.

46.(b)(2)- CG#2 without an evidence of having conducted a monthly fire drill for the past 12 months.

Paul Nakasone, M
Compliance Manager

P. G. Gubler
Primary Care Giver

1/28/2021
Date

1/28/2021
Date